



CITY OF FORT LAUDERDALE ADVISORY BOARD APPLICATION

Name: _____

Home Information:

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Fax: _____ Email: _____

Business Information:

Employer/Business Name: _____

Current Position: _____

Business Address: _____

City/State/Zip: _____

Business Phone: _____ Fax: _____ Email: _____

Where should we send your mail? Home _____ Business _____

Are you a resident of the State of Florida? Yes _____ No _____ Are you a U.S. Citizen? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been convicted of a crime involving dishonesty or false statement? Yes _____ No _____

Education: _____ Hobbies: _____

Present or prior service on governmental boards and committees: _____

Please indicate which advisory board you are interested in serving (check all that apply):

<input type="checkbox"/>	Aviation	<input type="checkbox"/>	Community Appearance	<input type="checkbox"/>	Law Enforcement Block Grant
<input type="checkbox"/>	Beach Redevelopment	<input type="checkbox"/>	Community Services	<input type="checkbox"/>	Marine
<input type="checkbox"/>	*Board of Adjustment	<input type="checkbox"/>	Downtown Development Authority	<input type="checkbox"/>	NW-Progresso-Flagler Heights
<input type="checkbox"/>	Budget	<input type="checkbox"/>	Economic Development	<input type="checkbox"/>	Nuisance Abatement
<input type="checkbox"/>	Cemeteries Board of Trustees	<input type="checkbox"/>	Education Advisory	<input type="checkbox"/>	Parks, Recreation & Beaches
<input type="checkbox"/>	Charter Revision	<input type="checkbox"/>	*General Employees Retirement	<input type="checkbox"/>	Performing Arts Center Authority
<input type="checkbox"/>	Citizen Review	<input type="checkbox"/>	*Historic Preservation	<input type="checkbox"/>	*Planning & Zoning
<input type="checkbox"/>	Civil Service	<input type="checkbox"/>	Housing Authority	<input type="checkbox"/>	*Police and Firefighters Retirement
<input type="checkbox"/>	*Code Enforcement	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	*Unsafe Structures & Housing Appeals

***Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement.**

Signature: _____

Date: _____

Note: Application is effective for one year from date of completion. If you have any questions on the above, please call the City Clerk's Office at: 954-828-5002, or send via fax to: 954-828-5017.

Please check one: ☐ New Application ☐ Currently Serving on Board ☐ Updated Information

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